Effective October 1, 2000

Application or Docket Number

48470

CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			20					RATE	FEE	1	RATE	FEE
FOR .			NUMBER FILED		NUMBER EXTRA		8/	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			30minus 20=		. 10			X\$ 9=		OR	X\$18=	180
INDEPENDENT CLAIMS			g minus 3 =		5			X40=		OR	X80=	400
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	L	TOTAL		OR	TOTAL	1290
CLAIMS AS AMENDED - PART II (Column 1) (Column 2)						(Column 3)	S	MALL E	NTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	- 38	Minus	3		_ —		X\$ 9=		OR	X\$18=	
	Independent	• /D INTATION OF M	Minus	••• g		= 2	$I \Gamma$	X40=		OR	X80=	400
	PINST PRESE	NIATION OF M	JLI IPLE DEI	ENDEN	CLAIM		, [⊦135 =		OR	+270=	
							AD.	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE	PAIN
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=]] :	X\$ 9=		OR	X\$18=	
	Independent	+	Minus	***	F CL AINA	=	\prod	X40=		OR	X80=	
	PINS! PHESE	NTATION OF MI	JLI IPLE DEI	ENDEN	CLAIM		,	·135=		OR	+270=	
							AD	TOTAL DIT. FEE	-	OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=] [:	X\$ 9=		OR	X\$18=	
	Independent		Minus	***	- CI 4134	<u> - </u>		X40=		OR	X80=	,
	FIRST PRESENTATION OF MULTIPLE DEPENDENT O						٠ <u> </u>	135=	•	OR	+270=	
**	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." 									OR	TOTAL ADDIT, FEE	
***	If the "Highest Nu	mber Previously P ber Previously Pa	aid For" IN TH	S SPACE	is less tha	n 3, enter "3."	70	DIT. FEE	ropriate box	in co		